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A Message From MHS Leadership

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We are 100 days into a multi-year period of significant change in how we manage and lead the Military Health System. We want to acknowledge the important changes that have already occurred, outline the major activities in the coming year that will demand our continued attention and discipline, and remind everyone of the vital responsibilities we have to those we serve.

The stand-up of the Defense Health Agency Oct. 1, 2013, was an important milestone in the past year. This event occurred simultaneously with the partial government shutdown. The performance of our combined work force, a number of whom were required to remain on the job during that period, ensured that the many required transition activities – from HR issues to budget to operational decisions — proceeded in a timely manner and stands as a testament to your professionalism and competence.

But, the establishment of the DHA represents a starting point, not an end point, to our path for a stronger, better, and more integrated system of care. In these first 100 days, additional actions have been completed in pursuit of this goal.

In the initial several months, our shared services have moved out quickly to bring together their joint teams, and to implement common business processes. For Medical Logistics and Health Information Technology, they have been aggressive in identifying approaches that will produce cost savings earlier than originally planned.

We continue to expand and refine our policy and operational decision-making processes in the MHS. While the Senior Military Medical Action Council (SMMAC) and the Medical Deputies Action Group (MDAG) are the two most prominent integrated decision-making bodies in the MHS, additional councils and work groups have been established to increase the agility and transparency of our efforts.

For example, the Policy Advisory Council (PAC), led by Dr. Guice and supported by the Deputy Assistant Secretaries of Defense, the Deputy Surgeons General, and the Joint Staff Surgeon, is focused on the overarching health policies that we are responsible for establishing and overseeing in the Department.






The Strategic Action Group (SAG), led by Dr. Dinneen and supported through DHA, Joint Staff and Service subject matter experts, is developing performance metrics and measures that we will use throughout our system, aligned with our overall strategic framework – the Quadruple Aim – and our MHS objectives. More information on these measures will be shared with all of you following their approval.

The enhanced Multi-Service markets (eMSMs) have also established an internal work group to coordinate actions and share proven practices that can be used to establish common

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clinical and business processes across our system.

Recently, we hosted leaders and key staff from eight of our multi-Service markets for a strategic planning offsite with the intent of shaping the business performance plans for FY 2015 – less than nine months away.

The Service Medical Departments have been instrumental in supporting both the DHA and eMSMs’ efforts. They have provided subject matter expertise and resources, both people and dollars, to the stand-up of the shared services.

Working with HA and the DHA they provided the eMSMs the tools for success, while ensuring that they can continue to meet mission in support of their respective line components. It has been a team effort all the way around.

In the next several months, the additional shared services — Contracting/Procurement, Public Health, Budget/Resource Management, Education & Training, Research and Development – will reach Initial Operating Capability. You can continue to receive updates, provide feedback or ask questions on “Inside the MHS” at <https://mhs.health.mil>.

We’ve made important progress in these first 100 days, but there is much more to be done.

As we begin the new year, events around the world continue to remind us of the importance of maintaining the medical readiness of the force and a ready, deployable medical force. Although the structure and size of the military forces will change over the coming years, our readiness mission will not. Your work to reform how we meet our mission requirements in the face of these changes is necessary and valued.

Sincerely,

Jonathan Woodson, Assistant Secretary of Defense for Health Affairs

Lt. Gen. Patricia Horoho, Surgeon General, United States Army

Vice Adm. Matthew Nathan, Surgeon General, United States Navy

Lt. Gen. Thomas Travis, Surgeon General, United States Air Force

Lt. Gen. Douglas Robb, Director, Defense Health Agency

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